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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.95386
	First Named Inventor	Judith E. Kimble
	COMPLETE IF KNOWN	
	Application Number	09/321,987
	Filing Date	05/28/99
	Group Art Unit	
Examiner Name		

OCT 12 1999
PATENT & TRADEMARK OFFICE

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AGENT AND METHOD FOR MODULATION OF CELL MIGRATION

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

05/28/1999

as United States Application Number or PCT International

Application Number

09/321,987

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/087,170	05/29/98	
60/129,023	04/13/99	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. QBMAD\189654

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DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name OR ☐ Customer Number or label

☒ List attorney(s) and/or agent(s) name and registration number below

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Neil E. Hamilton	19,869	Joseph W. Bain	34,290
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Michael J. McGovern	28,326	Sherry Whitney	39,422
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John D. Franzini	31,356	Steven J. Wietrzny	44,402

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence address below

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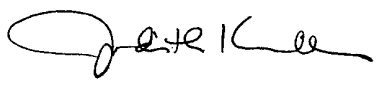
Country: USA Telephone: (608)251-5000 Fax: (608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given: Judith Middle: E. Family: Kimble Suffix:

Inventor's Signature:  Date: 10/1/99

Residence: Madison State: WI Country: US Citizenship: US

Post Office: 2804 Columbia Road

Post Office:

City: Madison State: WI Zip: 53705 Country: US Applicant Authority:

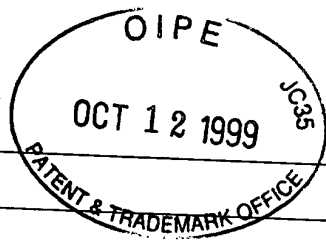
☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given	Robert				Middle	H	Family	Blelloch			Suffix		
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Post Office													
City	Madison				State	WI	Zip	53704		Country	US		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given					Middle Initial		Family Name				Suffix		
Inventor's										Date			
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given					Middle		Family				Suffix		
Inventor's										Date			
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given					Middle		Family				Suffix		
Inventor's										Date			
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given					Middle		Family				Suffix		
Inventor's										Date			
Residence:					State		Country			Citizenship			
Post Office													
Post Office													
City					State		Zip			Country			

Additional inventors are being named on supplemental sheet(s) attached hereto

#3



Attorney's Docket No. 960296.95386

Applicant or Patentee: Judith E. Kimble et al.

Serial or Patent No.: 09/321987

Filed or Issued: 5-28-1999

For: AGENT AND METHOD FOR MODULATION OF CELL MIGRATION

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Wisconsin Alumni Research Foundation

ADDRESS OF ORGANIZATION: P.O. Box 7365, Madison, WI 53707-7365

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
- ☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3))
- ☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA

(NAME OF STATE _____)

(CITATION OF STATUTE _____)

- ☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
- ☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA

(NAME OF STATE _____)

(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled AGENT AND METHOD FOR MODULATION OF CELL MIGRATION

by inventor(s) Judith E. Kimble et al.

described in

- ☐ the specification filed herewith.
- ☒ application serial no. 09/321987, filed 5-28-1999
- ☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME: _____

ADDRESS: _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

NAME: _____

ADDRESS: _____

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

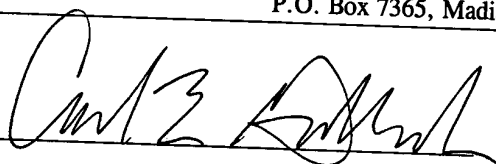
NAME OF PERSON SIGNING _____ Carl E. Gulbrandsen

TITLE IN ORGANIZATION _____ Director of Patents and Licensing

ADDRESS OF PERSON SIGNING _____ Wisconsin Alumni Research Foundation

_____ P.O. Box 7365, Madison, WI 53707-7365

SIGNATURE



Date

10/1/99